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APPLICANTS

David J. Parins, Corcoran, MN;
 Peter Skujins, Minneapolis, MN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MN	4	11 2	1

ADDRESS

CROMPTON, SEAGER & TUFTE, LLC
 1221 NICOLLET AVENUE
 SUITE 800
 MINNEAPOLIS, MN 55403-2420
 UNITED STATES

TITLE

Distal assembly for a medical device

FILING FEE RECEIVED 1956	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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